

Waukesha County Community Health Improvement Process Steering Committee Meeting

Thursday, June 16, 2011

Co-Chair Schuler called the meeting to order at 3:45 p.m. Those in attendance were welcomed and introductions were exchanged.

Present: Sarah Beversdorf, Sara Ward, Joseph Zompa, Mary Anderson, Jean Schultz, Ben Jones, Nancy Healy-Haney, Esther Jensen, Janel Brandtjen, Joann Weidmann, Katie Miller, Barbra Beck, Cathy Bellovary, Eric Christianson, Jessica Kadow, Andy Dresang, Dennis Farrell, Rosie Kapp, Peter Schuler, Mary Smith, Deborah Unger.

REVIEW OF STEERING COMMITTEE PURPOSE & SCOPE

The Waukesha County Community Health Improvement Plans and Processes (CHIPP) Steering Committee will provide essential leadership to inform the county's community health improvement planning and processes. Within the five-year period, members are asked to commit at least two years with the opportunity to continue annually after that time. Waukesha has the opportunity to build on many strengths and many partners to improve health. Healy-Haney recapped in 2009, eighty community leaders and the Public Health division completed a formal assessment of the county's health status. In April 2011, the CHIPP began. Years 1-2 of the CHIPP will focus on data assessment and developing a community health plan that community, health and social agencies can participate on that is measurable and looks at a cross section of statistical analyses and other pieces of data. Years 2-5, engaged organizations will be implementing the CHIPP identified areas for improvement, and Year 5 results will be documented and the greater community informed.

REVIEW OF PREVIOUS MEETING AND FOLLOW UP ITEMS

Beversdorf stated that at the initial meeting of April 28, 2011, an overview of the community health improvement plans and processes were presented. A group agreement, brainstorming ideas around vision and values were discussed. Beversdorf reviewed those items.

Follow up discussions centered on open meeting rules and voting. Schuler discussed the CHIPP planning process with the County's Corporation Counsel and sought feedback on whether to consider the steering committee an open public meeting. Corporation Counsel concluded that the steering committee does fall under the guidelines of a public meeting; therefore, all future agendas will be posted, official minutes taken, and action/motions voted on by the steering committee members.

Beversdorf handed out the Voting Policy. Each represented organization on the steering committee will have one vote, each county department would have one vote, and members of the Health and Human Services Board will have one individual vote. Member organizations can bring as many individuals to the meeting as desired; however, for voting purposes, one individual will need to be identified for voting purposes.

Approve Minutes of 4-28-11

MOTION: Farrell moved, seconded by Weidmann to approve the minutes of April 28. Motion carried 21-0.

FINALIZE VISION AND VALUES

Beversdorf discussed the handout of Synthesized Vision and Values and asked the group for feedback on what they see as important characteristics of a healthy community for all who work, live, and play here.

VISION

The pros and cons about each synthesized vision statement were discussed.

1. Healthy families, connected community, clean environment and strong infrastructure. How do you measure ‘connected’ communities and ‘strong’ infrastructure? What about ‘well-being’ rather than ‘healthy’? Someone who has a medically complex health issue may not feel healthy, but you could measure his or her sense of well-being. Well-being is more perceptual and has broad dimensions of wellness (e.g., physical, mental, emotional, etc.). ‘Infrastructure’ is not a common word for many; what about ‘services’?
2. Healthy families and safe communities surrounded and supported by exceptional services and a protected environment. Protected environment, do you want it so secure that you have to pay tolls to get in? ‘Protected’ sounds like the community is walled-off. Zompa commented that #2 is the weakest of the three statements and is more distant. Weidmann shared her interest that communities build a walkable community that is safe, liveable, and freely enjoyable where people can live, work, play, and learn.
3. Affordable, accessible and quality transportation, housing, health care, food and employment that supports health families and safe communities. This statement is too rambling and complex; when there is a list like that, a person always wonders if they’ve missed something. Suggestion would be to delete the word ‘affordable’ because ‘accessible’ implies affordable.

Other general comments: ‘quality’ is important (e.g., could say ‘high quality environment’ in #1); should we add ‘inclusive’ or ‘welcoming’ as an element of the vision (some said yes, some said it would be reflected in the values statement); keep in mind ‘education’ and ‘involved community’ from the original brainstormed list of vision descriptions; might want to consider the phrasing of the vision to be more active so as to imply that we are in process rather than the expectation that we will arrive at a specific end-point (e.g., “*Supporting* healthy families...”). On this last item, Beversdorf noted that a vision statement is frequently described as an end point (i.e., what you would like the community to look like in 3-5 years), although vision statements do vary in their phrasing.

A few overall themes identified by the group were using the words well being versus healthy, and a couple of alternatives to the word strong. Schuler commented that he liked the idea of safe or protected environment. For example, a safe environment fosters people to be able to live, work, and play. Beversdorf and Miller will work on a Vision Statement and bring back to the committee. Schultz questioned if the vision statement was to be used in marketing materials, website, or billboards. Beversdorf stated that in materials presented, the vision is usually paired with the mission and goals (rather than standing alone).

VALUES

Draft values statements, based off of the brainstormed values from the April meeting, were shared:

- Committed – share responsibility, accountability, and investment
- Broad-based – engage individuals/customers, primary care, churches, schools, businesses, ALL!
- Straightforward – celebrate the successes and be honest about the challenges
- Community service-minded – focus on benefits for the *community*, rather than individual gain
- Efficient – use technology, funding and related resources wisely
- Outcome-focused – know what the aim is and measure it
- Resourceful – use what already exists and use what we already know works
- Respectful of diversity – value different opinions, cultures, and priorities

Potential additions and changes to the Values statements included: partnership; accountable; collaborative; inclusive; community-centered; consider combining “straightforward” and “efficient”. It was noted that the community of Waukesha County has a strong history of partnerships. Beversdorf will be coordinating a small group to work on the value statement. This will be a one-hour commitment and those interested should contact her.

COMMUNITY HEALTH STATUS ASSESSMENT

Beversdorf shared a couple of common health models that were developed in the last few decades to describe how a person’s health is determined by more than genetics and health behaviors.

- Model #1 includes the social, physical, and behavior elements.
- Model #2 includes age, sex, lifestyle, social and community networks.
- Model #3 focuses on programs and policies that contribute to health factors that lead to health outcomes.
- Model #4 describes the health rankings national program that originated in Wisconsin and ranks counties on different factors (social and economic, behaviors, environment, and access to care); each factor has a number of specific indicators.

Other resources include the website www.countyhealthrankings.org, the Healthy People 2020 Plan that is the state health plan. Healy-Haney provided some background about the Health Report Card. The history goes back to when the first Health Report Card was published. The Health Data Subcommittee was established 13 years ago. With the absence of the Health Council and its Data Subcommittee, the CHIPP Data Subcommittee will be charged with informing the Health Report Card as well as the CHIPP assessment process. The Health Report Card was formed in an easily understood method that provided the greater community an idea of what needed to be addressed. With the first publication of the health report card, it was reported that heart disease within the community was higher as compared to other diseases. After that point, the Heart Healthy initiative was launched and with the Heart Healthy initiative plan in place, data was available and improvement in heart disease could be seen. The Health Report Card is published every three years. The objective of the CHIPP Data Subcommittee will be to bring data back to the Steering Committee and advise of findings as to the leading health problems in the community.

Jones reviewed the handout Summary of Data Sources for the Waukesha County Health Report Card, the Community Health Survey, and the County Health Rankings. The Waukesha County

Community Health Survey Summary was completed in 2009 and shows the prevalence of risk factors and disease conditions of Waukesha County residents. Jones noted that having credible and consistent data is important as we move forward. Three years of data will be needed to have a comparison, and it will be up to the subcommittee as to sources of data they would like to focus on. Rosenberger was nominated by Schultz to chair the subcommittee and Schuler will contact him. Individuals participating on the data subcommittee include Jean Schultz, Andy Dresang, JoAnn Weidmann, Janel Brandtjen, Jessica Kadow, and someone from GE Health Care. A minimum of 3-4 meetings will be held.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Beversdorf stated that there are four assessments that will be used in this first phase of the CHIPP – Public Health System, Health Status, Forces of Change, and Community Themes and Strengths. Feedback from the committee was sought as to other data sources that would contribute to the overall picture of health status based on what we know. Weidmann stated that there is a Search Institute in Minnesota looking at the 40 assets and they would have data on youth. Other data source suggestions included the Wisconsin Council on Children and Families, the Casey Foundation, Alzheimer’s disease, March of Dimes, and Easter Seals. The Steering Committee will be contributing to the assessment in a focus group-like session in August.

NEXT STEPS

Beversdorf sought feedback from the steering committee on what well and what they would like to see different at the August meeting. Attendees liked that staff had done work ahead of time and brought it to the group (makes the meeting an efficient use of time); the values and vision discussion; ending on time. Attendees would like: refreshments at the next meeting; more than two days to review meeting materials.

ADJOURNMENT

The meeting adjourned at 5:35 p.m. The next meeting is scheduled for Thursday, August 4, 2011 from 3:30 – 5:30 p.m. in the Health and Human Services Board Room. Please RSVP to Rose Reblin, 262-896-8475 or rreblin@waukeshacounty.gov.

Minutes recorded by Linda Johnson.

Approved on _____

Date